In a 2007 radiologic follow up, two meningiomas are found (left cerebellum and right pterional región) which progressively grew in the following years. Reason for which he was again referred to our service in February 2011 for evaluation of treatment with RT and he was administered 54 Gy at a isodose of 95% (5 × 200 cGy). Treatment ends July 2011. Current status Presents radiological control of the lesions with residual neurological stability that had initially.

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Ewing sarcoma

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Three year old, female patient. PPH: No medical or surgical background of relevance. OH: On September 1979 this patient experiments progressive impotence of the right leg. During studies performed at the traumatology department in "Hospital San Rafael" in Madrid a lithic image on the right iliac blade is discovered, an a biopsy compatible with Ewing Sarcoma is found. Another study is performed on 04/14/1980, a bone scan, in which an intense pathological formation of activity at right iliac level is observed, and an even higher formation is noted at the left proximal femur which could correspond to the overload caused by the adaptation of an antalgic position. The rest of complementary studies were unremarkable. A combined chemotherapy treatment with CVA (VCR, ADM, CPX) × 2 cycles is decided upon with concurrent radiotherapy at a acurative dosage. Treatment is performed RT-2D on right hemipelvis. 45 Gy dose with subsequent overprinting on tumor volume reaching a total dose of 65 Gy. Fractionation 5 × 200 cGy. Ending the day 20 – May-1980. Well tolerated.
Evolution. At a follow up in 1985, the tumor was under clinical control but there were some after effects to the radiotherapy which included limited abduction and rotation of the lower right extremity and a 3.5 cm shortening of such limb that required treatment with ALZA. And also some fibrosis in the gluteal muscles where the radiation was given. In 2006 this patient was intervened to a myomectomy with a diagnosis of uterine leiomyoma. Currently she remains symptom free (ILE 384).

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Ewing sarcoma: Long-survivor

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Introduction. Ewing sarcoma is a rare tumor with an annual incidence of 2–3 cases/million habitants. It is a neuroendocrine tumor of adolescent males more frequently located in the pelvis or long bones. Biopsy is required for diagnosis. Bad prognosis factors are the location in the axial skeleton, adult mean age, the large tumor size and metastatic debut. It is a highly aggressive tumor with the ability to metastasize to the lung. They are to chemotherapy and radiotherapy sensitive. The 5-year survival is 30% if debut with metastasis.
Case. 11 year old boy who complains of pain in pelvis. In MR imaging presents 14 cm bone and soft tissue mass which infiltrate the obturador muscle, contact with bladder and displace the bowel without metastases at the diagnoses. Received chemotherapy, autologous hematopoietic stem cell (bone marrow biopsy was negative) and radical radiotherapy to the left ilium with 55.8 Gy. As toxicity he presented radiodermitis grade II with complete response. At 3 years of diagnosis presented pulmonary bilateral progression resistant to chemotherapy. He didn't receive radiotherapy due to previous toxicity so he was operated (pulmonary nodules exeresis) and he received a new line chemotherapy. Currently the patient is stable with no evidence of recurrence.
Conclusions. We report a patient with poor prognosis for high initial local aggressiveness and unresectable disease with pulmonary metastases who receipt a multidisciplinary treatment with AHSC + QT + RT. The patient is stable without sings of local recurrence or distant 5 years after diagnosis.

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Gliosarcoma. A case of a long survivor

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Introduction. The gliosarcoma is the most common tumor within gliomesenquimales rare tumors. Usually settle in the temporal lobe and affects more men.
Case report. Patient follow-up since 2005 for left mesial temporal lesion of 1.5 cm which debuted with partial seizures. Following MRI until June 2008 when referring to morphological change observed and is derived neurosurgery treatment. Complete tumor excision was performed and subsequent treatment with external beam radiotherapy (44–60 Gy + Boost, fractionation 2 Gy/day) + concomitant temozolomide (75 mg/m^2/day) treatment ending on 03/06/2009, subsequently received 6 cycles of